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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875								Application or Docket Number 10/573,918			ing Date 17/2006	To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL	ENTITY	OR	OTHER THAN OR SMALL ENTITY		
\vdash	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b), o	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), o	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1,16(o), (p), c	iE or (q))	N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =					x \$ = 1		OR	x s =		
	EPENDENT CLAIM CFR 1.16(h))		minus 3 =		•			X \$ =			X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	If the specification and drawin sheets of paper, the application is \$250 (\$125 for small entity) additional 50 sheets or fraction 35 U.S.C. 41(a)(1)(G) and 37			n size fee due for each thereof. See							
	MULTIPLE DEPEN	NDENT CLAIM PR	ESENT (3	7 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.							•	TOTAL]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								OTHER THAN SMALL ENTITY OR SMALL ENTITY					
AMENDMENT	12/08/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ĭ,	Total (37 CFR 1.16(i))	· 32	Minus	32		= 0		x s =		OR	X \$60=	0	
Ζļ	Independent (37 CFR 1.16(h))	• 2	Minus	3		= 0		X \$ =		OR	X \$250=	0	
Ĭ	Application Size Fee (37 CFR 1.16(s))												
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUS PAID FOR	R SLY	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
Ä	Total (37 CFR 1,16(i))		Minus		\Box	-		X \$ =		OR	X \$ =		
AMENDMENT	Independent (37 OFR 1 16(h))	*	Minus	***		-		X \$ =		OR	X \$ =		
Z.	Application Size Fee (37 CFR 1.16(s))												
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 16(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20". * If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3". * The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1.													

This collection of Information is equiend by 37 CFR 1.16. The information is equiend to obtain or retain a benefit by the public within it is to file (and by the USFTO to process) an application Confidentiality is governed by 38 USE 1.22 and 37 CFR 1.4. This recibed no estimated to their bet 2 minutes to complete modified gathering, peparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHIP (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.